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Managing upper respiratory tract infections

T P Lam 林大邦

Editor, *The Hong Kong Practitioner*

In this issue of *The Hong Kong Practitioner*, Wong *et al* discuss the management of upper respiratory tract infections (URTIs) in children.¹ URTIs are by far the commonest diagnosis made in general family practice in Hong Kong, accounting for 34.6% of all diagnoses made in the last morbidity survey conducted by the Hong Kong College of Family Physicians.² URTI is also a frequently made diagnosis all over the world and accounts for a significant proportion of all primary care consultations.^{3,4} Some patients attend their family doctors because they may think antibiotics are useful for URTIs. However, there is now an increasing realisation that, for most acute respiratory illness – common cold, sore throat, otitis media, sinusitis, bronchitis – treatment with antibiotics is likely to be of only marginal benefit to individual patients.⁵⁻⁷ Despite this commonly known medical knowledge, 12 million antibiotic prescriptions were made for colds, URTIs and bronchitis in 1992 in US alone, accounting for 21% of all antibiotic prescriptions to adults in the country in that year.⁸ Prescribing antibiotics for URTIs is therefore a worldwide issue and not restricted to Hong Kong alone.

Antibiotic prescribing for URTIs has been shown to lead to multiple consequences: higher consultation rates,⁹ increased re-attendance¹⁰ and the emergence of drug-resistant bacteria.¹¹⁻¹³ Multiple-antibiotic-resistant *Streptococcus pneumoniae* were reported in Hong Kong in 1995.¹⁴ Hong Kong was also one of the first countries to report the detection of VRSA (vancomycin resistant *Staphylococcus aureus*). Antibiotic-resistant bacteria are therefore a serious problem in Hong Kong, and the 4000 doctors in the community prescribe a significant proportion of antibiotics.

Similar to doctors in other parts of the world, it is likely that many family doctors in Hong Kong are prescribing antibiotics for URTIs, which provide little benefit. The decision to prescribe is influenced by many factors, to do with the doctor, the patient, the doctor-patient interaction, and the wider social context, including the effects of advertising and the financial incentives and disincentives for all parties.¹⁵

A recent British study showed that the antibiotic prescribing pattern of family doctors is significantly influenced by their perceived expectation of

T P Lam, MBBS, MFM, FRACGP, FHKAM(Family Medicine)

Associate Professor,

Family Medicine Unit, Department of Medicine, The University of Hong Kong.

Correspondence to : Dr T P Lam, Family Medicine Unit, Department of Medicine, The University of Hong Kong, 3rd Floor, Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong.

their patients.¹⁶ However, another Hong Kong study on patients' expectation of consultations for URTIs also revealed that only 36% of patients attended their family doctors specifically for antibiotics for their URTIs.¹⁷ This means that doctors often over-estimate their patients' expectation of antibiotics. These are important findings for family doctors because they showed that doctors' perception of their patients' expectation could be incorrect. Even amongst those patients who do expect to be prescribed antibiotics, it must also be recognised that knowing patients' expectations does not mean that the doctors have to meet patients' expectations at all times. What it does mean is that the family doctors must address and discuss with the patient the relevant issues.

Patients consulting for their URTIs, on the other hand, provide a most opportune moment for their family doctors to educate them of the self-limiting nature of the condition. The confusion between 'flu' and 'common cold' amongst local patients is most prevalent and causes unnecessary alarm to many patients and their relatives. These health care consumers frequently attend their family doctors and they deserve to be provided with what we as medical professionals are expected to do: that is, to 'educate' them.¹⁸

Inappropriate use of antibiotics also leads to the issue of increased consultation requests from patients. This will no doubt, in turn, lead to increased requests for health services. This is consistent with the suggestion that patient and prescriber education, regulatory controls and public health programmes are some of the possible useful interventions.¹⁹

URTIs will remain one of the most common conditions for family doctors to see worldwide. However, managing URTIs also provides us with the challenge of

how to provide the best possible service to our patients. ■

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